

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

Full Name (Last, First, Middle Initial)

A. Peggy Wheeler

Mailing Address 1215 K Street Suite 800

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer
 California Hospital Association

Occupation
 Vice President, Rural Healthcare/Gover

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2014

Transaction ID : INCA12048

Amount of Each Receipt this Period

144.00

Full Name (Last, First, Middle Initial)

B. Patrick Brady

Mailing Address One Medical Plaza Drive

City State Zip Code
 Roseville CA 95661

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sutter Roseville Medical Center

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : INCA12078

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Audra Earle

Mailing Address 75 Neilson Street

City State Zip Code
 Watsonville CA 95076

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Watsonville Community Hospital

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : INCA12096

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2894.00

TOTAL This Period (last page this line number only)..... ►